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4	-		1. Generator ID Number			2. Page 1 of	3. Emergency	Respons	e Phone	4. Manifest	Fracking N	umber	40 5	
		WASTE MANIFEST N.JN000206276 1 (888) 814-747									111	42 F	LE	
	5. Generator's Name and Mailing Address (If different than mailing address)													
	US EPA REGION II - RARITAN BAY SITE US EPA REGION II - RARTAN BAY SITE													
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Generator's Phone: ED15UR Rd U8837 (5907420-4433 KETTORI Rd U7733 U.S. EPAID Number														
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	9a.	9b. U.S. DOT Description		pping Name, Hazard C	lass, ID Number,			10. Conta	iners	11. Total	12. Unit	13	. Waste Code	ıs.
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Ш		Exporter, I certify that the	contents of this consigni	ment conform to the te	rms of the attache	ed EPA Acknow	wledgment of Co	onsent.				•		•
Ш		certify that the waste min		ntified in 40 CFR 262	27(a) (if I am a larg	ge quantity ger	nerator) or (b) (it	f I am a sn	nall quantity g	enerator) is true.		13	di ha	NAME OF
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Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521142FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Line 1

Profile: 696179-02

Treatability Group:Non-WasteWater

UHC's: N

Class Group: A

Waste Codes

D008 - LEAD

See back for descriptions of classification groups and classification group certification statement.

I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature:

Title:

_ (



Date! 1918

Document: 842486-18 Line# 1

Manifest#:

Generator's Name: US EPA REGION II - RARITAN BAY

Address: 170 STATE ROUTE 35 NORTH
City: KEYPORT

State: NJ

Zip: 07735

STERICYCLE FORM 110 ENVIRONMENTAL SOLUTIONS

HATFIELD, PA 19440

Horaith

TRUCK#

223

BOX#

10:51 AM 01-10-18 G 72040 lb

of the

SIZE

011521142

GENERATOR

ORDER#

STERICYCLE ENVIRONMENTAL SOLUTIONS

HATFIELD, PA 19440

Hora ith

TRUCK#

223

BOX#

10451 AN 01-10-18 0 72040 15

SIZE

01/52/142

GENERATOR

ORDER#

11:41 AM 01-10-18 G 24980 1b

47060

Driver's Signature

PLANT

Driver's Signature

BILLING DEPT.

Plea	ase pr	int or type. (Form designed for use on elite (12-pitch) typewriter.)							Approved.	OMB No. 2	2050-0039	
UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number 1. Generator ID Number 1. Generator's Name and Mailing Address 2. Page 1 of 3. Emergency Response Phone 1. (888) 814-7477 3. Emergency Response Phone 1. Generator's Site Address (if different than mailing address)									11 F	LE		
US EPA REGION II - RARITAN BAY SITE 2890 MOODBRIDGE AVE US EPA REGION II - RARITAN BAY SITE 170 STATE ROUTE 35 NORTH												
Generator's Phone: EDISON NJ 08837 (908) 420-4455 KEYPORT NJ 07735 6. Transporter 1 Company Name U.S. EPAID Number												
	Н	ORWITH TRUCKS INC ansporter 2 Company Name		PAD146714878 U.S. EPAID Number								
8. Designated Facility Name and Site Address REPUBLIC ENV SYS (PA) LLC 2869 Sandstone Drive												
	Facil	lly's Phone: HATFIELD, PA 19440 (215) 822-8995				-1-	PADO	35690	592			
	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Contai No.	ners Type	11. Total Quantity	12. Unit Wt./Vol.		Waste Code	8	
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	_	4.										
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		(1) 696179-02 - ERG(171) LEAD IMPACTED SOIL A						21	1			
		GENERATOR'S/OFFEROR'S CERTIFICATION: 1 hereby declare that the contents of this marked and labeled/placarded, and are in all respects in proper condition for transport acc Exporter, I certify that the contents of this consignment conform to the terms of the attache I certify that the waste minimization statement identified in 40 CFR 262.2/4a) (if I am a large	ording to applicated EPA Acknowle	able internation edgment of Cor	al and na	tional governn	ental regulations.	ipping name If export sh	e, and are cla nipment and l	ssified, pack am the Prim	aged, ary	
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18b. Alternate Facility (or Generator) U.S. EPA ID Number								onth Da	y Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								- 511				
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Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521141FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Profile: 696179-02 Line 1

Treatability Group:Non-WasteWater

UHC's: N

Class Group: A

Waste Codes

D008 - LEAD

See back for descriptions of classification groups and classification group certification statement. I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature: 2

PSC 015

Title:

Date:/ 1918

Document: 842485-18 Line# 1

10:44 AM

01-10-18

04=23 PM 01-10-18

G 24760 1b

G 67020 16

Manifest#:

Generator's Name: US EPA REGION II - RARITAN BAY

Address: 170 STATE ROUTE 35 NORTH

City: KEYPORT

State: NJ Zip: 07735

FORM 110 STERICYCLE **ENVIRONMENTAL SOLUTIONS**

HATFIELD, PA 19440

TRUCK # Horw . th

BOX#

10:44 AM 01-10-18 G 67320 lb SIZE

GENERATOR US & PA Region II Key fort MS-

01/521/41 FLE

STERICYCLE **ENVIRONMENTAL SOLUTIONS**

HATFIELD, PA 19440

TRUCK# Horw H

BOX#

SIZE

GENERATOR

US EPA Region I

ORDER#

01/821/41 641

42560

A Media Driver's Signature

BILLING DEPT.

Driver's Signature

PLANT

Form Approved OMB No. 2050-0039

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Ш	Facil	lity's Phone: HATFIELD,	PA 19440 ((215) 822-8995						PADO	85690	592						
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Ш	15	GENERATOR'S/OFFEROR	P'S CERTIFICATI	ION: I hereby declare that	the contents of this o	consignment a	are fully and ac	curately d	escribed above	by the proper sh	ipping nam	e, and are cl	assified, pack	aged.				
Ш	15.	marked and labeled/placard	ded, and are in all	respects in proper condition	on for transport accor	rding to applic	able internation	nal and na	tional governm	ental regulations	If export sl	nipment and	I am the Prim	ary				
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등																		
E		llity's Phone:											1 P	Marian				
匣	18c.	Signature of Allemate Facil	ity (or Generator)									1	Month Da	y Year				
N.																		
DESIGNATED FACILITY	19.	Hazardous Waste Report Ma	anagement Metho	-	azardous waste treatr		l, and recycling	g systems)										
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Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521140FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Line 1 Profile: 696179-02

Treatability Group:Non-WasteWater

UHC's: N

Class Group: A

Waste Codes

See back for descriptions of classification groups and classification group certification statement. I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature:

PSC 015

Title:

Date

Date/ 1918

Document: 842484-18 Line# 1

Manifest#:

Generator's Name: US EPA REGION II - RARITAN BAY

Address: 170 STATE ROUTE 35 NORTH

State: NJ Zip: 07735

Hauler:

torain

Trailer No.: 226

Waste ID: LEAD IMPACTED SOIL AND DEBRIS

City: KEYPORT

D008

STERICYCLE **FORM 110 ENVIRONMENTAL SOLUTIONS** HATFIELD, PA 19440

10:47 AM

01-10-18

G 69620 1b

GENERATOR

ORDER#

1521140

STERICYCLE **IRONMENTAL SOLUTIONS**

HATFIELD, PA 19440

10:47 AM 01-10-18 6 69620 lb

GENERATOR

ORDER#

11:30 AM 01-10-18 25220 1b

44400 22.27

Driver's Signature

PLANT

Driver's Signature

BILLING DEPT.

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	5. Ger	nerator's Name and Mailin	ng Address			Generator's Site Addres	is (if different th	an mailing addres	is)			
Ш			- RARITAN BAY SITE			IS EPA REGION I			E			
Ш		90 WOODBRIDGE AV		10001		.70 STATE ROUTE						
Generator's Phone: F0TS0N NJ 08837 (308)420-4455 KEYPORT NJ 07735 U.S. EPA ID Number U.S. EPA ID Number												
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	7. Trai	nsporter 2 Company Nam	16					U.S. EPA ID N	lumber			
			180									
П		signated Facility Name and						U.S. EPA ID N	Number			
		PUBLIC ENV SYS (
		69 Sandstone Dri v's Phone: waterera	IVE <u>PA 19440 (215) 822-</u> 8	005				PODO	85690	592		
	9a.	9b. U.S. DOT Description	on (including Proper Shipping Name		г,	10. Cont	ainers	11. Total	12. Unit		Waste Codes	
	НМ	and Packing Group (if a	any))			No.	Туре	Quantity	Wt./Vol	10.	Waste Codes	
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		4.								-		
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				11								
	14. S	pecial Handling Instruction	s and Additional Information							112	>	
	(1) 696179-02 - ERG(171) LEAD IMPACTED SOIL A											
Ш			OR'S CERTIFICATION: I hereby de									
			rded, and are in all respects in prop contents of this consignment confor				ational governn	nental regulations	. If export s	nipment and I	am the Prima	агу
	1	I certify that the waste min	nimization statement identified in 40	CFR 262.27(a) (if I am a la	arge quantity gene	rator) or (b) (if I am a si	mall quantity ge	nerator) is true.			and the state of	Vacan
	Gere	rator's/Offeror's Printed/Ty	A A A A	AUDUT		ature				Mo	ith Day	1/87
+	18 lo	Iernational Shipments	. CONFORTWI	USE	-pii	/ -				-1/	10	10
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E	18b. A	Alternate Facility (or Gener	rator)					U.S. EPA ID	Number			
ACI								1				
DF		ty's Phone: Signature of Alternate Faci	ility (or Generator)							M	onth Day	Year
DESIGNATED FACILITY		-								1	1	1
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FPA	Form	1 8700-22 (Rev. 3-05)	Previous editions are obsolete.	40	1	DES	SIGNATED	FACILITY TO	DESTIN	ATION STA	TE (IF RE	QUIRED

Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521139FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Line 1

Profile: 696179-02

Treatability Group:Non-WasteWater

UHC's: N

Class Group: A

1

Waste Codes

D008 - LEAD

See back for descriptions of classification groups and classification group certification statement.

I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature:

PSC 015

Title:

Date:

Date: / 1/0/18

Document: 842483-18 Line# 1

Manifest#:

Generator's Name: US EPA REGION II - RARITAN BAY

Address: 170 STATE ROUTE 35 NORTH

City: KEYPORT

State: NJ Zip: 07735

Hauler:

Trailer No.:

Waste ID: LEAD IMPACTED SOIL AND DEBRIS

D008

Profile: 696179-02

Sampled By:

Unloaded By:

Unloaded To:

Drum Mos

STERICYCLE **ENVIRONMENTAL SOLUTIONS**

HATFIELD, PA 19440

Horwith

TRUCK#

223

BOX#

03:49 PM 01-10-18 68960 Ib SIZE

011521139

GENERATOR

ORDER#

11=41 AM 01-10-18

24980 lb

43980# 21.99 Tows

Driver's Signature

BILLING DEPT.

842482-18

3034603

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of | 3. Emergency Response Phone **WASTE MANIFEST** NJN000206276 (RRR) R14-7477 Generator's Name and Mailing Address US EPA REGION II - RARITAN BAY SITE US EPA REGION II - RARITAN BAY SITE 2890 WOODBRIDGE AVE 170 STATE ROUTE 35 NORTH EDISON NJ 08837 (908) 420-4455 **KEYPORT NJ 07735** Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number HORWITH TRUCKS INC PAD146714878 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number REPUBLIC ENV SYS (PA) LLC 2869 Sandstone Drive Facility's Phone: HATFIELD, PA 19440 (215) 822-8995 PAD085690592 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) Quantity No. Type 1. NA3077 HAZARDOUS WASTE, SOLID, N.O.S. (LEAD) 9 PGIII 0008 GENERATOR X DT 14. Special Handling Instructions and Additional Information (1) 696179-02 - ERG(171) LEAD IMPACTED SOIL A GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity g nerator's/Offeror's Printed Typed Name Port of entry/exit: Export from U.S. Date leaving U.S. Transporter signature (for exports only): 17. Transporter Acknowledgment of Receigt of Materials TRANSPORTER Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Full Rejection Residue Partial Rejection Manifest Reference Number: DESIGNATED FACILITY 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials owered by the manifest except as noted in Item 18a Printed/Typed Name EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.



Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521138FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Line 1

Profile: 696179-02

Trestability Group:Non-WasteWater

UHC's: N

Class Group: A

Waste Codes 0008 - LEAD

See back for descriptions of classification groups and classification group certification statement.

I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature: PSC 015

Title

OSC

Date: //

Date: 1/10/18

Document: 842482-18 Line# 1

Manifest#:

Generator's Name: US EPA REGION II - RARITAN BAY

Address: 170 STATE ROUTE 35 NORTH

ORT

State: NJ

Zip: 07735

STERICYCLE FORM 110 ENVIRONMENTAL SOLUTIONS

HATFIELD, PA 19440

TRUCK# Horwith

BOX#

03:57 PM 01-10-18 G 68740 1b

SIZE

GENERATOR

Ravitan Bays: te- Keyportag

011521138 FLE

Driver's Signature

BILLING DEPT.

STERICYCLE ENVIRONMENTAL SOLUTIONS

HATFIELD, PA 19440

TRUCK# Horw: H

BOX#

09:57 PM 01-10-18

G 68740 1b

SIZE

GENERATOR
US EPA.
Karitan Baysite Key
ORDER#

04:23 PM 01-10-18 G 24780 1b

011521138 FLE

43960

Driver's Signature

PLANT

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		VASTE MANIFEST enerator's Name and Mailing		<u> 1800020627</u>	6	1 1	Generator's	Site Address	(if different th	nan mailing addres	s))					
US EPA REGION II - RARITAN BAY SITE 2890 MODDBRIDGE AVE Generator's Phone: EDISON NJ 08837 (908) 420-4455 KEYPORT NJ 07735 U.S. EPA ID Number																		
		en de la companya de								1	U.S. EPAID Number PAD146714878							
	7. Tr	HORWITH TRUCK ansporter 2 Company Name	CD LNL							U.S. EPA ID N		7.6						
	8 D	esignated Facility Name and	Site Address							U.S. EPA ID N	lumber							
	R 2	EPUBLIC ENV SYS (1 869 Sandstone Driv lity's Phone: HATFTFIN	PA) LLC ve	215) 822-8995						_ L PADO	95690	592						
	9a. HM	9b. U.S. DOT Description and Packing Group (if ar		Shipping Name, Haza	rd Class, ID Number	ſ.		10. Conta	iners Type	11. Total Quantity	12. Unit Wt./Vol.	13.	Waste Code	s				
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	14.3	Special Handling Instructions										114						
	(1) 696179-02 - ERG(171) LEAD IMPACTED SOIL A								0		-							
		GENERATOR'S/OFFEROR marked and labeled/placard Exporter, I certify that the co I certify that the waste mining trator's/Offeror's Printed/Typ	ded, and are in all ontents of this consistency mization statement with Name.	respects in proper cond signment conform to the identified in 40 CFR 2	dition for transport ac e terms of the attach 62.27(a) (if I am a la	ccording to appl ned EPA Acknow rge quantity get	licable interna wledgment of nerator) or (b)	tional and na Consent.	tional governr	nental regulations.	ipping nam If export s	hipment and	assified, pack I am the Prim	aged, ary				
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I'L		nsporter signature (for expor	ts anly):			Export from	10.5.	Date leav										
TRANSPORTER		Transporter Acknowledgment sporter 1 Printed/Typed Nam		rials		Si	gnature	11	1	/		Mo	onth Day	Year				
SPOR		13111 F	CA25	Or/		1	Ont		uf				1/1	1/13				
RAN	Tran	sporter 2 Printed/Typed Nan	ne			/ 31	gnature -	_				I M	onth Day	Year				
<u>-</u>	18. [Discrepancy																
	18a.	Discrepancy Indication Span	957	40	Sec /	12 -	P	Residue fest Reference	e Number:	Partial Rej	ection		Full Rej	ection				
VCILITY	18b,	Alternate Facility (or Genera	ator)			į.				U.S. EPA ID I	Number							
DESIGNATED FACILITY		lity's Phone; Signature of Alternate Facili	ty (or Generator)									N	fonth Da	y Year				
SIG	-	Hazardous Waste Report Ma	anagement Method	_	hazardous waste tre		sal, and recycl	ing systems)		Ta								
<u>-</u>	1.	4110	2	2.		3.				4.								
		Designated Facility Owner or	Operator: Certific	ation of receipt of haza	rdous materials cove	The state of the s		as noted in Ite	em 18a		7			105				
	Print	ted/Typed Name	Tos	n)	2-1	S	ignature	/		-		10	Ionth Day	Year				
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Generator Name:

US EPA REGION II - RARITAN BAY

NJN000206276

Manifest Number:

011521137FLE

Generator EPA ID Number:

The purpose of this form is to provide appropriate notification/certification, in accordance with the Land Disposal Restriction regulations set forth in 40 CFR Part 268, to the treatment, storage or disposal facility which receives the wastes referenced below. In accordance with the waste analysis and recordkeeping requirements specified in 40 CFR 268.7, I have indicated below the relevant information required to properly manage my waste(s) in compliance with the Land Disposal Restriction treatment standards found in 40 CFR 268 and any applicable prohibition levels set forth in 40 CFR 268.32 or RCRA section 3004(d).

Line 1 Profile: 696179-02

Treatability Group:Non-WasteWater

UHC's: N

Class Group: A

Waste Codes 0008 - LEAD

See back for descriptions of classification groups and classification group certification statement. I hereby certify that I believe that the information I submitted herein is true, accurate and complete.

Signature:

PSC 015

Title:

	9					
	REPUBLIC	ENV SYS (PA)	MIC		3034	603 orm Approved, OMB No. 2050-0039
		entrolo (IA)	LLO		est Tracking	Number
Da	te: 116/7 Document: 8424	81-18 Line# 1	Manifest#:		L L S	21137 FLE
Ge	nerator's Name: US EPA REGION II -	RARITAN BAY			11.54.1.4	
	Address: 170 STATE ROUTE 3	5 NORTH			TE	
	City: KEYPORT		State: NJ	Zip: 07735	3 Number	
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	HATFIELD, PA 19			AP ID: 01772279		
					108569	
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FIT	18b. Alternate Facility (or Generator)				U.S. EPA ID Numbe	er
FAC	Facility's Phone:					
ATED	18c. Signature of Alternate Facility (or Generator)					Month Day Year
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e.,	codes for hazardous waste treatme	ent, disposal, and recyc	ling systems)		
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1	20 Designated Socility Owners Court Could be	LaCharanda materials th	ou the manifest area-1	as noted in Item 18a		7
	20. Designated Facility Owner or Operator: Certification of receip Printed/Typed Name	or nazardous materials covered b	Signature	as noted in term too	10)	Month Day Year
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EP/	Form 8700-22 (Rev. 3-05) Previous editions are obsolet	e.	//	DESIGNATED F	ACILITY TO DES	TINATION STATE (IF REQUIRED